



Accommodations Complaint / Grievance

Your Name: _____

Date Accommodation Requested: _____, 20____

Court Location: _____

Accommodation(s) Requested:

Accommodation Received:

Signature: _____ Date: _____, 20____

Phone Number(s): _____

Address: _____

E-mail: _____

Submit this form to:

Access to Justice Coordinator
Administrative Office of the Courts
PO Box 4820, Portland ME 04112
Phone: (207)822-0703 TTY: (207)822-0701
accessibility@courts.maine.gov